

ARIZONA DEPARTMENT OF WATER RESOURCES Water Management Division

3550 North Central Ave, 2nd Floor Phoenix, Arizona 85012-2105 Phone (602) 771-8585 Fax (602) 771-8689

APPLICATION FOR A RECOVERY WELL PERMIT (§ 45-834.01)

APPLICATION FEE OF \$ 50.00 PER WELL FOR THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS NOTICE AND PUBLICATION FEES TO BE DETERMINED, ARE DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

FOR OFFICE USE ONLY
Application No.: 74-207707.0001
Date Received: 4-29-08

1.	Name of Applicant: CSW Sun Valley Sc	outh	Holdings, L.L.C.						
	7001 North Scottsdale Road #1	.015	Scottsdale	AZ	85253				
	Mailing Address		City	State	Zip				
	Contact Person Michael Lacey (Fluid Solutions)	_Telepł	none_602-274-6725		Fax 602-274-6773				
2.	Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and								
	subbasin where the facility will be located Phoenix AMA, Hassayampa Subbasin								
3.	Name of the owner(s) of the land where wellsites	are loc	_{ated} CSW Sun Valley	South	Holdings L.L.C.				
	Mailing Address 7001 N. Scottsdale Rd. #1015 Scottsdale, AZ 85253								
	(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).								
4.	Legal description of the land where water will be u	used <u>T</u>	2 N, R 4 W, Sect		wnship and range)				

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5. The recovered water will be used for Dust control, pre-development earth moving, Service Area establishment

6.	The recovery wells will be used to recover water stored pursuant to Water Storage Permit No
	or long-term storage account number. 70-441202

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Name of Well Owner	Well Registration Number	Location: 1/4,1/4,1/4, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: 1/4,1/4, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well
TBD	SW,NW,NE Sect 7 T2N, R4W	4,000	1,300	18	6451.62	December 2009	4 months
			ANII L				

I(We), CSW Son Valley South	Hold (295, L.L. C.	ned in this applica	tion, do hereby certify	v under
the penalty of perjury, that the information conta	ained and statements made h	erein are to the bes	at of my (our) knowled	ige and
belief true, correct and complete. 480 315 2623 Telephone Signa	ture of owner or authorized a	gent		
Title	hief Operating (Ancer		
7001 N. Scottsdale Rd #1015	Scottsdale	AZ	85253	
Mailing Address	City	State	Zip	
STATE OF ARIZONA County of Maricopa))) ss.			
Subscribed and sworn to before me this 39	th day of April	, 20 <u>08</u>	<u> </u>	
Notary Public Notary Public	NOTARY STATE OF Markopa KATIE I My Commission Expires Nove	ARIZONA County _ABIE		
My commission expires:				